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ABSTRACT

This final report discusses the outcomes of a 4-year project designed to identify all children in Kentucky who are deaf-blind and provide training and technical assistance to improve the quality of special education and related services in Kentucky for children ages birth through 21 who are deaf-blind. The children are in integrated environments with programs designed to lead toward full community participation. Outcomes of the project included: (1) identifying students in Kentucky with deaf-blindness; (2) collaborating with agencies statewide to facilitate the delivery of a comprehensive array of services for students who are deaf-blind; (3) providing technical assistance on behalf of students on the Kentucky deaf-blind census; (4) supporting families of children on the deaf-blind census; (5) coordinating preservice and inservice training regarding deaf-blindness as part of the Kentucky's Comprehensive System of Personnel Development; and (6) coordinating transition planning through person-centered planning processes. The report discusses the context of the project, goals, activities, problems encountered and solutions, and implications for practice. A videotape, "Transdisciplinary Activity-Based Assessment for Learners with Deafblindness and Other Multiple Disabilities," hosted by Jennifer Grisham Brown, developed as part of the project. (CR)

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FINAL REPORT

Kentucky Services for Children Who Are DeafBlind

1995-1999

PR# - H025A50038

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Executive Summary
KENTUCKY SERVICES TO CHILDREN WHO ARE DEAF-BLIND

Goal: To identify all children in the state who are deaf-blind and provide training and technical assistance to improve the quality of special education and related services in Kentucky for children ages birth through twenty-one who are deaf-blind, in integrated environments with programs designed to lead toward full community participation.

Objectives and Corresponding Activities

Objective #1

To identify students in the state of Kentucky with deaf-blindness

Activities

1.1 Conduct functional hearing and vision assessments and collect collateral information to determine eligibility.

1.2 Maintain census of all children in Kentucky with deaf-blindness in collaboration with Part B child count.

1.3 Conduct public awareness activities to make public aware of services for children who are deaf-blind.

Objective #2

To collaborate with agencies statewide to facilitate the delivery of a comprehensive array of services for students who are deaf-blind

Activities

2.1 Assist families in identification and accessing of services provided by other agencies.

2.2 Steering committee with representatives of agencies serving individuals with deaf-blindness.

2.3 Collaborate with other agencies to eliminate duplication of services for children who are deaf-blind.

Objective #3

To provide technical assistance on behalf of students on the Kentucky Deaf-Blind Census

Activities

3.1 Facilitate transdisciplinary assessments for students on the deaf-blind census.

3.2 Assist with the development of the IFSP/IEP/ITP as related to the student's deaf-blindness.

3.3 Conduct yearly Needs Assessment of all service providers and determine their need for technical assistance.

3.4 Provide inservice training and follow-up to implement the child's IFSP/IEP/ITP with regard to the student's deaf-blindness.

3.5 Develop training tapes for inservices related to training topics.

3.6 Promote inclusive programs for students on the deaf-blind census through collaboration with the Kentucky Systems Change Project and cross-program visitations.

Objective #4

To support families of children on the deaf-blind census

Activities

4.1 Contact families annually to determine their need for project services and the frequency with which they desire contact from the project.

4.2 Establish a network of regional parent contacts to support families with children on the deaf-blind census.

4.3 Conduct training for regional parent support network.

4.4 Support families to attend conferences and other training opportunities.

4.5 Establish an 800 number for families of children on the deaf-blind census to contact project staff.

Objective #5

Coordinate preservice and inservice training regarding deaf-blindness as part of Kentucky's Comprehensive System of Personnel Development

Activities

5.1 Train paraprofessionals of students on the deaf-blind census who are in inclusive settings using an Intervenor Approach.

5.2 Conduct SHIPP (Severe Handicaps Integrated Preschool Programming) in collaboration with the Kentucky Department of Education and the Cabinet for Human Resources.

5.3 Develop and coordinate coursework in deaf-blindness/multiple disabilities as part of the Moderate/Severe Disabilities Teaching Certificate.

Objective #6

To coordinate transition planning through person-centered planning processes

Activities

6.1 Conduct "Reach for the Stars" training for parents of young children and their service providers to assist with transition to preschool and kindergarten programs.

6.2 Develop a network of adults with deaf-blindness as mentors for young adults with deaf-blindness.

6.3 Coordinate with Helen Keller Affiliate and other transition project initiatives to assist in the transition of young adults with deaf-blindness.

6.4 Assist with the implementation of Consumer Support group for young adults with deaf-blindness.

DESCRIPTION OF PROJECT

The goals of the Kentucky project are to 1) identify all individuals birth through twenty-one years of age in the state of Kentucky who are deafblind, 2) maintain accurate records on identified individuals in order to deliver appropriate services in a timely fashion and 3) deliver technical assistance and training to consumers, families and other individuals who impact the lives of persons on Kentucky's deafblind census.

These goals remained in place for the duration of the grant.

CONTEXT

The federal grant is actually awarded to the Kentucky Department of Education (KDE). It is then subcontracted to the University of Kentucky, College of Education (UK). The Kentucky project maintains a very close working relationship with both KDE and UK. These relationships have facilitated our networking with other institutions of higher education as well as other state agencies, thereby enhancing our collaborative efforts.

The grant has operated with in-kind support from both of these agencies. Subsequently, the goals of the grant are aligned with and supported by the goals and mission of both agencies. Our relationship with these agencies has also allowed us to advocate for increased and enhanced services on behalf of individuals who are deafblind. Content related to deafblindness has been infused into university coursework and delivered by project staff. Because project staff have participated in on-going dialogue with state department and university personnel, teacher competencies defined in teacher certification programs reflect the unique learning needs of students who are deafblind.

Training developed and implemented by the Kentucky project has been supported by resources offered through both agencies. KDE has supported our training efforts through their Comprehensive System of Personnel Development (CSPD) funds. These funds have been used to support both the Intervenor (5.1) and SHIPP (5.2) trainings. The University's Distance Learning Program has been instrumental in facilitating the dissemination of preservice and inservice training and coursework (5.3) developed by the project.

The University has supported the project on a daily basis as some project staff are housed on the UK campus in Lexington. In addition, they have provided clerical support as well as other support staff that have been essential in carrying out project activities. Remaining project staff are housed in Louisville on the campus of the Kentucky School for the Blind (KSB). Office space in this location is an in-kind contribution from KSB. Our presence on the campus has allowed us to build a collaborative relationship with KSB that has facilitated joint on-site technical assistance visits throughout the state and has served as a child find tool in identifying students who are deafblind.

During the period of this four year grant we were met with the challenge of being understaffed. During year one of the project we were without one of our full time consultants as well as the graduate student who is responsible for making phone calls to families. These two positions were not filled until the second year of the grant.

During year three of the grant we were without a project coordinator for a four month period. Once a new coordinator was hired she only stayed on the project for five months. We were again without a coordinator for another two month period. During this time we also replaced the graduate assistant.

ACCOMPLISHING OUR GOALS

Objective #1 - Identification and Maintaining Census

Child find efforts (1.3) have included 1) mass mailings to local, state and regional agencies, 2) presentations at statewide conferences, trainings and multiuniversity courses, 3) articles disseminated through various program newsletters and 4) participation of project staff on statewide boards and committees. Problems related to this activity will be discussed in the next section.

Once a child/student is referred project staff make an on-site visit to meet the child/ student, their family and service providers. During that visit project staff describe the services of the project, conduct a functional vision and functional hearing assessment and then gather medical documentation to determine eligibility (1.1). Problems related to this activity will be discussed in the next section.

	1995-96	1996-97	1997-98	1998-99
# of Referrals	10	13	20	35
# on Census	173	164	149	149

Objective #2 - Collaboration With Other Agencies

The project's steering committee (2.2) met two times a year for each of the four years of the project. In addition, the transition subcommittee (Expanding Horizons) met four (4) times each year and the early childhood subcommittee met two (2) times each year. Members of the steering committee were added to increase the number of consumers to four (4), family members to seven (7) and public school personnel to five (5). Other members include representatives from higher education, state agencies, the community and national organizations related to deafblindness.

The table below reflects responses from steering committee members to these questions:

1. Are steering committee meetings attended by representatives of all organizations as well as consumers?
2. Does the steering committee have defined outcomes related to the delivery of services to children who are deafblind?
3. Are you satisfied with your role in the development of services for children who are deafblind?

Answer to question #1 was obtained through attendance rosters. Answers to questions #2 and #3 were obtained through a written survey.

In question #1 the first number indicates the number of persons present. The second number indicates the number of persons on the committee.

In questions #2 and #3 the first number indicates the number of "YES" responses and the second number indicates the number of people who responded to the questionnaire.

	1995-96	1996-97	1997-98	1998-99
Attendance at Meetings	28/35	25/35	22/36	28/36
Defined Outcomes	5/7	2/3	10/15	17/18
Satisfied with Role	6/7	3/3	14/15	18/18

The transition subcommittee was responsible for the on-going activities of the Kentucky Association of DeafBlindness (KADB), the formation of four (4) statewide regional transition teams and the development of a mentoring program for young adults who are deaf-blind. Project staff participated on all four regional transition teams as well as the activities of the KADB. Problems related to the mentoring program (6.2) will be discussed in the next section.

Project staff have served on state, local and national boards, committees and task forces to advocate for increased and enhanced services on behalf of individuals who are deafblind and their families (2.1 and 2.3). These include our state's PTI (Parent, Training and Information) grant, the state Interagency Transition Council, the Interagency Coordination Council through our Part H lead agency and the state's Advisory Panel on Vision Services.

As a result, our project has been instrumental in working with other agencies to 1) develop legislation for a medicaid waiver program for persons who are deafblind, 2) infuse course content related to deafblindness into coursework delivered in at least ten (10) of Kentucky's colleges and universities, 3) advocate for increased funding of state programs such as Supported Living which supports consumers and their families and 4) develop an early intervention services review panel led by our project to determine best practice service delivery for young children and their families in natural environments (2.1 and 2.3).

Problems related to our collaborative efforts will be discussed in the next section.

The table below reflects family responses to the following questions:

Answers were obtained through a written needs survey and telephone conversations. The first number indicates those who answered "YES" and the second number indicates the total number of families who responded.

1. Do you feel that you are receiving a comprehensive array of services for your child?
2. Do you feel that you are knowledgeable about all services your child is entitled to?
3. Does your child receive additional services?

	1995-96	1996-97	1997-98	1998-99
Array of Services	23/60	40/78	45/82	51/93
Knowledge of Services	37/60	53/78	52/82	59/93
Receive Added Services	33/60	44/78	45/82	64/93

Objective #3 - To Provide Technical Assistance

Technical assistance is defined on an individual basis and determined by needs assessments (3.3) that are completed by consumers, their families and their service providers. Information is gathered via telephone and face-to-face contacts as well as written documentation.

Technical assistance is delivered using a collaborative approach with other agencies in order to maximize service delivery and avoid duplication of services (2.3). Relationships with these agencies are fostered through on-going participation of project staff on statewide boards, task forces and committees.

During the first two years of the grant period we were very fortunate to be able to work collaboratively with our state's systems change project (3.6). We conducted monthly joint staff meetings in order to determine how we might best support students on the deafblind census in order to facilitate their participation in less restrictive educational environments. Together our projects sponsored collaborative statewide trainings, conducted joint on-site technical assistance visits and supported cross program visitations for public school staff working with our students.

Other technical assistance activities included the facilitation of transdisciplinary assessments (3.1) which require project staff to work with families and service providers to 1) identify specific disciplines to include in the assessment, 2) assist in selecting and training specific disciplines (members) of the team, 3) assist in scheduling the assessment, 4) assist in developing assessment format and protocol, 5) assist in identifying needed adaptations, 6) assist in identifying and planning for student's unique communication mode, 7) assist in writing assessment report with recommendations. Problems related to this activity will be discussed in the next section.

Project staff have assisted with the development and implementation of individual IFSP/IEP/ITPs (3.2). Staff have worked with families and service providers to interpret assessment information in order to identify goals and objectives for individuals that address the child/student's unique learning needs. Follow-up inservice training is provided on specific topics related to implementing the plans (3.4). Problems related to this activity will be discussed in the next section.

We developed a training tape (3.5) entitled: Transdisciplinary Activity-Based Assessment for Learners with DeafBlindness and Other Multiple Disabilities. The tape was disseminated to all deafblind projects during the 1998 project director's meeting.

The tape is being used in university coursework and also as a teaching tool during inservice training on this topic.

The tables below indicate responses to 1) questions asked by project staff as they surveyed IFSP/IEP/ITPs and observed programs prior to and after the delivery of technical assistance and 2) needs assessments asking if families and service providers want technical assistance on-site.

These numbers reflect a random sample.

Question asked:

1. Are sensory and communication goals/objectives embedded into activities and routines within the IFSP/IEP/ITP?

The first number indicates the number of "YES" responses while the second number indicates the number of plans/programs surveyed.

	1995-96	1996-97	1997-98	1998-99
Before Technical Assistance	2/12	4/14	8/20	9/25
After Technical Assistance	5/12	8/14	12/20	16/25

Questions asked?

1. Do you want on-site technical assistance from the project?
2. Do you feel that the technical assistance delivered by the project met your needs?
3. Do you feel a need for additional technical assistance?

	1995-96	1996-97	1997-98	1998-99
Number of Requests for TA	47	68	80	91
Did TA Meet Your Needs?	38	57	69	82
Do you need more TA?	18	15	9	12

Objective #4 - To Support Families

New activities during this grant included 1) initiating on-going telephone contact with families (4.1), 2) establishing a regional parent network (4.2 and 4.3) and establishing an 800 # for family use (4.5). Problems related to the regional parent network will be discussed in the next section.

Activities 4.1 and 4.5 were highly successful as evidenced by the numbers below. They will be continued in the present grant. A graduate assistant from the Department of Family Studies at UK was hired to contact families via the telephone. The purpose was to establish contact with families in order to determine any needs that they might have. Follow-up phone calls were arranged on a schedule determined by families.

Families used these activities (2.1, 4.1 and 4.5) as an opportunity to request assistance in identifying and accessing resources, update census information, borrow resources, request training on specific topics, request on-site technical assistance in their child's program and to discuss their child's current health or educational status.

During the last two years of the grant we were able to support families to attend national conferences (4.4) on topics related to CHARGE Association, Rhett's Syndrome, Early Intervention and the National Parent to Parent Conference.

One of our most successful training efforts for families was through a collaborative effort with our state's annual Parent Professional Conference (4.4). During the first two years of the project we supported families to attend the conference which provided them with an opportunity to meet other families, network and gather information on a variety of topics.

During year three of the grant we added an organized social event so that families around the state could meet each other. In year four we added a pre-conference day that was just for families of individuals on the deafblind census. We hosted a full day of training on topics specific to deafblindness and also a 'Dad's Workshop' and a 'Mom's Workshop'.

The table below reflects the number of families utilizing the 800# and responding to the telephone contacts initiated by the project graduate assistant by requesting that the calls continue. The last row indicates the number of families supported to attend trainings and conferences.

	1995-96	1996-97	1997-98	1998-99
#of 800 Calls	-	-	89	126
# of Families Responding to Telephone Contacts	-	113	*53	121
# of Families Attending Trainings	8	23	36	68

* There was a vacancy in this position for a six month period. Phone calls were not initiated during that time.

Objective #5 - Coordinate preservice and inservice training

Training is one form of technical assistance. Topics were determined through the various needs assessment formats mentioned above as well as data and feedback collected during on-site technical assistance visits and feedback from collaborating agencies. Training initiatives at both the preservice and inservice levels are supported through the project's relationship with both the Kentucky Department of Education (KDE) and the University of Kentucky, College of Education (UK).

Our project developed a training for paraprofessionals currently working in the field with students on the deafblind census (5.1). The training was based on the intervenor approach to working with individuals who are deafblind. It was supported through state CSPD funds. The training was highly successful as determined by consumer satisfaction surveys and increase in participant knowledge. Feedback from practitioners and families also indicates a continued need for the training. However, there were frustrations in delivering this training. They will be discussed in the next section and also in the last section regarding implications for practice.

As the grant ended, SHIPP (5.2) was completing it's twenty-fourth semester of training. To date, we have trained 866 individuals including teachers, teaching assistants, physical, occupational and speech therapists and early interventionists. This activity is also supported through state CSPD and Part H funds and will continue during the next four year grant.

During this grant the project developed multiuniversity coursework presented via distance learning (5.3). The course was entitled Transdisciplinary Services for Students with Multiple Disabilities Including Deafblindness. The course was delivered to ten (10) different sites during the period of the grant. The course was developed and taught by the Principal Investigator of our project, Jennifer Grisham-Brown. Guest lecturers included physical, occupational, speech and language therapists, a nurse and vision and hearing experts. The course will be repeated during the next four year grant.

The table below reflects answers to questions asked by project staff at the conclusion of two major trainings by 1) analyzing pre and post attitude survey data (SHIPP) and 2) analyzing data collected during on-site observations (Intervenor).

Questions asked:

1. Does the SHIPP training result in changed attitudes of participants toward the education of young children with disabilities being educated in integrated settings?
2. Will participants implement strategies identified in the training when working directly with a child who is deafblind? Question was asked before and after training.

For the first question, the first number indicates the number of people who changed their attitude to a more positive one, the second number indicates the number of people in the training.

For the second question, the first number indicates the number of people who implemented the strategies, the second number indicates the number of people attending the training.

	1995-96	1996-97	1997-98	1998-99
SHIPP Attitude Change	79/81	73/76	70/71	43/45
Intervenor - Implement Strategies Before Trng.	5/30	3/22	5/22	6/21
After Training	17/30	15/22	17/22	16/21

Objective #6 - To Coordinate Transition Planning

The "Reach for the Stars" training (6.1) was developed by project staff to assist families in planning for transition from early intervention to preschool and preschool to kindergarten using a person centered approach. Portions of the training have been infused into the project's 'intervenor' training to assist participants in developing receptive and expressive communication maps. During the four year grant 148 persons were trained using this model. They included 25 parents and 123 service providers.

The proposed mentoring program (6.2) was discussed under objective #2.

Our transition consultant has worked extensively with our state's Helen Keller Affiliate and other agencies representing transition (6.3) . During the course of this grant they have developed four regional transition teams to address the unique needs of individuals who are deafblind as they transition from school to work and school to community. They have assisted in the development of legislation pertaining to a medicaid waiver for individuals who are deafblind and they have established a statewide consumer support group (6.4) which meets quarterly. During year three of the grant we sponsored a summer institute on transition for consumers, families and service providers. In addition, our transition consultant attends transition meetings with consumers and their families upon request and is working with the state Interagency Transition Council to implement the transition objectives within Kentucky's State Improvement Grant.

Problems related to this objective will be discussed in the next section.

PROBLEMS ENCOUNTERED/PROBLEM SOLVING

Objective #1 - Identification and Maintaining Census

During the last two years of the grant the numbers of children referred and identified in the birth to five years of age category dropped significantly. We know that our state was in a period of transition as all service providers were in the process of implementing

the state's new early intervention initiatives. However, the decline in numbers of children being referred warranted further attention. The project coordinator met with personnel from the Cabinet for Health Services, lead agency for Part H. The coordinator was invited to formally address service providers across the state during scheduled meetings conducted by the Cabinet. In addition, we advertised our services through the quarterly early intervention information packet disseminated statewide by the Cabinet. This was a new activity established by the Cabinet during the last two years of our grant.

Both of these activities had a significant impact on the numbers of children referred in this age category. At the time that our grant closed on September 30, 1999 there were thirty-five (35) children on referral. Twenty-four (24) of those children were between birth to five years of age.

While we were thrilled with the increase in the number of children/students being referred for services, we were concerned that it was taking longer to address individual referrals because of limited time available for on-site visits. In addition to addressing this objective project staff are also responsible for addressing the other objectives of the grant. We realized that *on-site visits* to conduct functional vision and hearing assessments, meet children/students and their families and service providers may not be feasible if we were going to address referrals in a more timely fashion. We continued to try to address this activity as we had been by assigning regions of the state to specific staff members and asking them to schedule more visits per day/evening. However, by the end of the grant staff felt that this was not a reasonable solution to the problem. We considered whether or not it was going to be possible to continue on-site visits to address initial referrals during the 1999-2003 grant period.

Our steering committee addressed this issue during our fall 1999 meeting. Feedback was unanimous in favor of continuing on-site visits to address initial referrals. Because of the decline of resources in both staff and travel, members of the steering committee who represent state agencies have agreed to meet with project staff to address identifying additional in-kind resources that may be available to support additional staff time and travel for these visits. The meeting has been scheduled for January 2000.

Objective #2 - Collaboration With Other Agencies

The project's transition coordinator worked in collaboration with our state's Helen Keller Affiliate and other representatives from the transition community via our steering committee's transition subcommittee to establish a mentoring program.

We encountered two problems in our attempts to carry out this activity. The first problem had to do with the matching of an older individual with a younger individual. Older individuals on our census who indicated a desire to be a mentor were persons who are deafblind without additional disabilities. They indicated a desire to be partnered with a younger individual who had issues and needs similar to their own. In identifying younger persons for the program we found that the majority of those wishing to have a mentor were individuals with severe/multiple disabilities. Many of the mentors did not feel comfortable assuming the role of mentor to the younger individual with multiple disabilities. Project staff attempted to address this issue by offering to facilitate social/ communicative interactions between the two parties. In those cases where the mentor

felt comfortable pursuing the relationship transportation presented an additional obstacle. All of the mentors and mentorees relied on other persons to transport them. Project staff were able to provide the transportation in some instances. We also requested assistance from community agencies.

The steering committee/transition subcommittee conferred with all parties and decided to modify the activity. It was decided that it would be best to facilitate and nurture relationships via another avenue. Efforts have been made to increase the participation of both parties in the Kentucky Association of DeafBlindness during their quarterly meetings. Individuals attending the meetings have volunteered to provide transportation. In addition, there are individuals at these meetings who are available to facilitate interactions.

Our project takes great pride in the reputation we have earned statewide. However, this repuation does come with a price. Project staff are in great demand to participate on additional boards, committees and in various statewide activities sponsored by other agencies. This has forced the project to review it's priorities in regards to staff time allotted for participation in these activities. While we must first consider which activities are going to have the greatest impact on services to individuals on the deafblind census, we must also take into consideration the amount of in-kind support that we receive from other agencies and their subsequent expectations of our project. Their support allows us to continue to provide services in a quality fashion. We have concluded that the state coordinator of the project will need to increase the amount of time spent in her administrative duties to include participation in activities sponsored by these other agencies in order to nurture on-going relationships. As resources become tighter increased in-kind support will become an absolute necessity. This will also affect the job responsibilities of other project staff.

Objective #3 - To Provide Technical Assistance

We are pleased that an increased number of school districts are interested in using the transdisciplinary approach to assessment when completing three year evaluations on our students. They look to our project for guidance in this effort as this has been a new concept for them. The problem is that this activity is extremely time consuming if project staff are involved in all aspects of the process. School districts have asked us to assume responsibility for carrying out the activity because they lack experience. This is problematic from the perspective of limited project resources in both time and staff. In addition, if we control the process local school districts tend to relinquish responsibility for implementing results or outcomes. During the grant we addressed these problems by changing our role from assessment coordinator to trainers and advisors for the process. We conducted two trainings to assist local districts in understanding the process from beginning to end. We requested that they send district teams to the training. These individuals would be their assessment teams. As they develop assessments for individual students they can call upon the project to advise them and provide any resources that they might need. In addition, we may serve as members of the assessment team.

One part of technical assistance has been inservice training in local school districts. The problem we incurred was the inability of the school districts to identify appropriate persons to attend the trainings. We attempted to address this problem by asking districts to identify teams to attend. The team always included the family. As a result of Kentucky Education Reform all public schools operate through school based decision making. This means that individual school teams decide who attends trainings. We attempted to meet this challenge by offering professional development credit for participation in trainings. This was a positive incentive. In addition, we offered families mileage reimbursement and/or respite stipends to attend inservices.

Constraints on staff time and travel budget required that we deliver technical assistance not only on-site but also via the telephone and the internet. In addition, when providing formal inservice training we attempted to identify others in the region who might want the same inservice and combined our efforts.

Objective #4 - To Support Families

The concept of establishing regional parent networks was established to facilitate contact between families of individuals on the deafblind census. Four individuals were identified to be regional parent contacts. The consensus of project staff based on feedback from families and the regional parent contacts was that this was not a successful activity.

The parent contacts felt that they did not really have the time that they thought they would have to make the phone calls. This was particularly true in instances where families were not at home and call backs needed to be made. Families who were called felt they would like to talk with families on issues *related to* their child's deafblindness as well as deafblindness. For example, many families wanted to talk about specific medical issues or syndromes. During the course of this activity, PiNK (Parent Information Network of Kentucky) was established. This is an organization which links families together both statewide and also through a national data base and based on a variety of issues. We worked with PiNK to network our families into their system which was far more comprehensive.

Objective #5 - Coordinate Preservice and Inservice Training

The "Intervenor" training developed by our project was first presented to paraprofessionals currently assigned to work with individual students on the deafblind census. These individuals attended formal training sessions and between training modules project staff provided on-site technical assistance to facilitate implementation of strategies taught in training.

We met with several frustrations. At the end of the first year we found that the strategies and concepts taught were not being transferred to other individuals on the child's educational team. We addressed this by inviting additional persons to attend with the paraprofessional. We also requested that these individuals be present during our technical assistance visits. In addition, in those cases where the student did not have a paraprofessional assigned to them we invited classroom teachers and therapists to attend.

We also found a need to extend our invitation to others because of the high turnover rate of paraprofessionals. In some cases, we trained four different individuals, one per project year, to work with one student on the census. It has been very difficult to maintain consistency and continuity in the student's program. Often times, the trainee would leave a job assignment between training modules.

We have taken this issue to the state level. A task force was convened to discuss the issue of increased numbers of paraprofessionals being hired to work with students who have severe and multiple disabilities including deafblindness. Individuals have not been properly trained prior to taking these positions and they do not usually maintain the positions over time. The task force included representatives from the state department of education and higher education. The task force is developing recommendations for required training prior to job assignments and a career ladder with subsequent incentives for individuals in these positions.

In order to address the problem of lack of consistency between training modules this year's training will be conducted in one long training module versus shorter training segments. This will also reduce training costs associated with trainee travel expenses.

Objective #6 - To Coordinate Transition Planning

At the end of this grant we noted that 58% of the students on our census are transition age. In addition, 72% of these students are reported under our state's Part B Child Count as having multiple disabilities. This indicates that a large number of the students we serve will require transition services and that their transition needs may be complex.

As a result, in the current 1999-2003 grant we have assigned 1.0 project staff to oversee transition services for the grant.

IMPLICATIONS FOR POLICY, PRACTICE AND RESEARCH

The following information was shared previously within the content of Kentucky's federal grant: Kentucky Services for Children Who Are DeafBlind (1999-2003).

TRAINING

According to statistics gathered in Kentucky's State Improvement Grant, paraprofessionals are the fastest growing and least trained population of special education personnel. Thirty-eight percent (38%) of the students on Kentucky's deafblind census who are in public schools have been assigned a one-on-one paraprofessional. While this person is not called an intervenor they serve in that capacity. Most often the role of the classroom teacher has been relinquished to this individual. They become responsible for implementing the student's educational program. However, the individual has little or no formal training. This situation is further complicated by the fact that other teaching staff do not have the expertise to meet the unique learning needs of the student who is deafblind because critical content related to this area was not included in their preservice training programs.

IMPLICATION

There is a need to develop course content related to deafblindness and to deliver that coursework to individuals during their preservice training. In some cases coursework can be delivered through distance learning formats. However, institutions of higher education must demonstrate a willingness to acknowledge the need for this training and infuse it into their existing teacher training programs. The need cannot be met with random guest lectures. In order to address the needs of those already in the field there is a need to increase inservice training efforts. Continued collaboration must occur at the state level to help districts understand the need for relevant inservice training. The most expedient method for delivering the training is via distance learning formats. However, state projects will need to work together to develop content in such a manner that the quality and integrity of the training will not be threatened by the use of this technology. In other words, there are many concepts which are best taught in person.

Because there is a significant increase in the need for paraprofessionals required training and career incentives need to be addressed.

TECHNICAL ASSISTANCE

The number of individuals identified as deafblind is increasing. As numbers increase so do the complexities of the disability. There is a great demand for on-site technical assistance. The need is so great because service providers have not been trained to meet the unique and multiple needs of these individuals.

Data from the Kentucky Alternate Portfolio Systems Study (KAPSS) demonstrates the need for technical assistance in the area of developing alternate portfolios for students who are deafblind. Kentucky conducted a study comparing the scores of all students participating in the alternate assessment in Kentucky to those students who are deafblind. It was found that a disproportionate number of students who are deafblind scored in the novice range (the lowest possible score).

IMPLICATION

We have a need to develop more effective ways to deliver technical assistance. We need methods that are more cost and time efficient while still delivering quality technical assistance.

Both training and technical assistance efforts need to emphasize a transdisciplinary approach to service delivery. While this method to service delivery is the most difficult to implement it is the most effective (Orelove & Sobsey, 1991).

Since the alternate portfolio reflects student outcomes, data collected from the Kentucky study indicate that a) programs for students who are deafblind do not reflect best practice and b) students who are deafblind are not being taught the academic expectations identified for all learners in Kentucky.

The Kentucky project is currently collaborating with a research project at UK that is studying the effects of technical assistance on student outcomes in the alternate assessment process. We think that the results of this study will have strong implications for identifying technical assistance goals and objectives in the future.